

UNITED STATES DISTRICT COURT

for the

District of Oregon

MEDFORD Division

DAREN S. MOORE

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

SEE ATTACHED

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Case No.

1:24-CV-00844-CL
(to be filled in by the Clerk's Office)

Jury Trial: (check one)



Yes



No

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

DAREN S. MOORE 2982
MADLNG ADDRESS 2982 MERRV LN.
WHITE CITY OR. 97503-1912

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

PATRECK IRISH
D.S.P. # 46850
KLAMATH COMMAND POST
KLAMATH FALLS
OR 97603

Defendant No. 2

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

THOMAS ~~ANDER~~ ANDREAZZI
53149 53149
KLAMATH FALLS OR 97603
COMMAND POST

Defendant No. 3

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

ROBERT FENNER #31382
D.S.P.
KLAMATH CO. COMMAND
KLAMATH FALLS OR 97603
OR 97603

Defendant No. 4

Name
Job or Title (if known)
Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address (if known)

KYSON CULP #54028
D.S.P.
KLAMATH FALLS COMMAND POST
KLAMATH FALLS OR 97603
OR 97603

5. JULIE ALMAND
D.S.P.
KLAMATH FALLS